

October 11, 2004

Re: MDR #: M2-05-0054-01
IRO #: 5055

Dear ____

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management and Neurology and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- correspondence 05/20/04
- office notes 02/21/03 – 05/20/04
- physical therapy notes 02/23/04 – 08/01/04
- radiology reports 04/26/03 – 10/02/03

Information provided by Respondent:

- correspondence and in-house documentation

Clinical History:

This claimant is an elderly female, date of birth ____, who has been complaining of neck pain as well as pain radiating into both shoulders bilaterally as well as describing some radicular symptomatology since her work-related injury on _____. She has been evaluated by her treating doctor, who has diagnosed her as having cervical spondylosis at multiple levels and radiculopathy. She has undergone imaging to include a CT myelogram as well as an MRI.

Disputed Services:

Purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit is medically necessary in this case.

Rationale:

It appears from the documentation provided that this claimant has benefited significantly from the use of this stimulator device in not only reducing her pain levels significantly, but in also allowing her to come off of the short-acting narcotics that she has been taking chronically on a daily basis. Documentation is provided indicates that this claimant has also shown an increase in her ability to participate in physical activity on a day-to-day basis since starting the use of this stimulator. The use of this device has been well tolerated with no adverse side effects.

For all of these reasons, it would be reasonable from a medical standpoint to have this claimant continue with the use of this device indefinitely, as it appears to have allowed her to better function, reduce her pain, drastically reduce the use of short-acting narcotics, and perhaps even have deferred more aggressive treatment options such as surgery, etc.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 11, 2004.

Sincerely,